1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08974 08966

1. DECEASED-NAME (Type or print)	First: MAE	Middle: Theresa	Last: BLANCHARD	2a. DATE OF DEATH Month: June Day: 3 Year: 69		2b. HOUR: 12:30 M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: May 28, 1890	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md.			
10. CITY OR TOWN OF DEATH: EASTON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housework	12b. KIND OF BUSINESS OR INDUSTRY: Home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Caroline	13c. CITY OR TOWN: Federalsburg	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 315 W. Central Avenue		
14. FATHER'S NAME First: (first name unknown)	Middle	Last: Baer	15. MOTHER'S MAIDEN NAME First: Eva (maiden name unknown)	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. Ann Flatten	Address: Federalsburg, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4339
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from 3 May, 19 69, to 3 June, 19 69, that (I) ~~(we)~~ last saw the deceased alive on 2 June 19 69, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Thurston Harrison M.D.	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	3 June 69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
THURSTON HARRISON	Easton Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Cremation	June 10, '69	Silverbrook	Wilmington, New Castle, Del.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Frampton Funeral Home	Federalsburg, Md	JUN 9 1969	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08975

CERTIFICATE OF DEATH

08967

1. DECEASED-NAME (Type or print)	First: Gifford	Middle: Charles	Last: Bowdle	2a. DATE OF DEATH Month: 6	Day: 8	Year: 69	2b. HOUR: 1:37 PM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 30, 1893	6. AGE (In years last birthday): 75 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md.				
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): retired farmer	12b. KIND OF BUSINESS OR INDUSTRY: Farm				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Caroline	13c. CITY OR TOWN: Federalsburg	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: Corner Morris and Vernon Av			
14. FATHER'S NAME First: James [illegible]	Middle	Last: Bowdle	15. MOTHER'S MAIDEN NAME First: Elizabeth	Middle	Last: (unknown)		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-34-3846	17. INFORMANT: Calvin Blades, Federalsburg, Md.	Address: Box 176 R.F.D #2				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5-19-69
DUE TO, OR AS A CONSEQUENCE OF (b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 5-19, 1969, to 6-8, 1969, that (I) (we) last saw the deceased alive on 6-8 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
[signature]	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	6-9-69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Stephen P. Carney M.D.	Easton, Md. 21601

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	June 11, 1969	Junior Order Cemetery	Preston	Caroline	Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. Frampton & Son	Federalsburg Md.	JUN 13 1969	[signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

VR A15 (2) 45M - 7-69

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08976

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08968

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
JOHN	SAMUEL	BRIDGES	June 6, 1969	1:45 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	July 22, 1868	100 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	USA		Talbot County Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Trappe	Green Nursing Home	Ret. Waterman	Seafood

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Talbot	Wittman	YES ☒ NO ☐	----

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
John Bridges	Elizabeth Horney

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	216-54-9413 T	Montgomery Thomas, Wittman, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
1538
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: (a) 1 D. (b) Years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from Summer, 1956 to June 6, 1969, that (I) ~~(we)~~ last saw the deceased alive on June 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
R. Lane Wroth, M.D.					6-7-69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
R. LANE WROTH, M.D.	St. Michaels, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	June 8, 1969	Sherwood Cemetery	Sherwood, Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Harrison E. Leonard	St. Michaels, Md	JUN 10 1969	Charles Jorge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VII A15 (4)
HM REV. 1/68

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08977

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08969

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (12-68) 4SM

1. DECEASED-NAME (Type or print) First: JAMES Middle: Fletcher Last: Burns	2a. DATE OF DEATH Month: 6 Day: 22 Year: 69	2b. HOUR: 1 25 M	
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: Nov. 9 - 1902	6. AGE (In years last birthday): 66 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): WATERMAN	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: Q.A.	13c. CITY OR TOWN: CHESTER	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER
14. FATHER'S NAME First: JAMES Middle Last: BURNS	15. MOTHER'S MAIDEN NAME First: ELVA Middle: Horney Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: MRS. BURNS - CHESTER MARYLAND	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days
4369
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 6-17, 19 69, to 6-22, 19 69, that (I) ~~(we)~~ last saw the deceased alive on 6-22 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: Stephen P. Carney DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 6-23-69		
22d. PHYSICIAN'S NAME (Type): Stephen P. Carney M.D.	22e. ADDRESS: Easton, Maryland 21601		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: JUNE 25, 1969	23c. NAME OF CEMETERY OR CREMATORY: STEVENSVILLE	23d. LOCATION (City or Town): STEVENSVILLE (County) (State): MD.	
24. FUNERAL DIRECTOR: Lane Funeral Home	ADDRESS: Church Hill Md.	25a. REC'D BY REGISTRAR DATE: JUN 27 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge	

1

08978

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

Item13 Film6413 6/11/69 kk

08976

1. DECEASED-NAME (Type or print)	First: D	Middle: Carl	Last: Calloway	2a. DATE OF DEATH Month: 6	Day: 5	Year: 1969
2b. HOUR	3:30 P.M.					
3. SEX	MALE					
4. RACE	WHITE					
5. DATE OF BIRTH	10-1-91					
6. AGE (In years last birthday)	77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.			
7a. BIRTHPLACE (State or foreign country)	Md.					
7b. CITIZEN OF WHAT COUNTRY?	USA					
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐						
9. COUNTY OF DEATH	TALBOT Md.					
10. CITY OR TOWN OF DEATH	EASTON					
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	HOUSE IN THE PINES					
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	farmer					
12b. KIND OF BUSINESS OR INDUSTRY						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.					
13b. COUNTY	Talbot					
13c. CITY OR TOWN	Cordova					
13d. INSIDE CITY LIMITS? YES ☐ NO ☒						
13e. STREET AND NUMBER						
14. FATHER'S NAME	First: Josiah	Middle: J.	Last: Calloway			
15. MOTHER'S MAIDEN NAME	First: Jennie	Middle:	Last: Smoot			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	no	(If yes give war or dates of service)				
16b. SOCIAL SECURITY NO.	219-14-4056					
17. INFORMANT	Charles B. Hickson, RFD Easton, Md. 21601					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Uremia

DUE TO, OR AS A CONSEQUENCE OF (b): Chronic pyelonephritis

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

5901

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Uncertain

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Arteriosclerotic heart disease with congestive heart failure

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 4-20, 1969, to 6-5, 1969, that (I) (we) last saw the deceased alive on 5-29 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Robert W. Trever, M.D. DEGREE	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 6-6-69
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
burial	6/7/69	Greenmount	Hillsboro	Md.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Jay D. Hewett'N	Easton, Md.	JUN 9 1969	Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15 (10) 45M - 12-68

T2

08979

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08971

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1519

1519

1 DECEASED NAME (Type or print) First: Fannie	Middle: Messix	Last: Collins	2a. DATE OF DEATH: 6 Month 16 Day 1969 Year	2b HOUR: M	
3 SEX: Female	4 RACE: White	5. DATE OF BIRTH: 1/18/1896	6 AGE (In years last birthday): 73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a BIRTHPLACE (State or foreign country): Md.	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Talbot	Md	
10 CITY OR TOWN OF DEATH: Easton	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 107 Goldsboro Street	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housework	12b. KIND OF BUSINESS OR INDUSTRY		
13a USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE: Md.	13b COUNTY: Talbot	13c CITY OR TOWN: Easton	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: 107 Goldsboro Street	
14 FATHER'S NAME First: John H.	Middle	Last: Messix	15 MOTHER'S MAIDEN NAME First: Margaret	Middle: G.	Last: Dulin
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): no	(If yes give war or dates of service)	16b SOCIAL SECURITY NO.: 213-22-8562 D.	17 INFORMANT: Mrs. Henry H. Purdy	Address: Easton, Md.	

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a): Carcinoma of the stomach — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a **I certify** that (I) (~~this hospital~~) attended the deceased from April, 19 69, to 16 June, 19 69, that (I) (~~we~~) last saw the deceased alive on 17 June 19 69, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b SIGNATURE: Stephen P. Carney	DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c DATE SIGNED: 6-17-69	
22d PHYSICIAN'S NAME (Type): Stephen P. Carney, M.D.	22e ADDRESS: P.O. Box 929, Easton, Md. 21601		

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 6/18/1969	23c NAME OF CEMETERY OR CREMATORY: Spring Hill	23d LOCATION (City or Town): Easton, Md.	(County) (State)
24 FUNERAL DIRECTOR: MAURICE E. NEWNAM & SON	ADDRESS: Easton, Md.	25a. REC'D BY REGISTRAR: JUN 19 1969	25b REGISTRAR'S SIGNATURE: [illegible]	

VR A15 R
5M 4-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08980 — 08972

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

1. DECEASED NAME (Type or print)	First: MARGARET	Middle: M	Last: DAVIS	2a. DATE OF DEATH Month: 6	Day: 17	Year: 1969
2b. HOUR	4:30 AM					
3. SEX	F	4. RACE	W.	5. DATE OF BIRTH	10-6-1870	6. AGE (In years last birthday) 98 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN					
7a. BIRTHPLACE (State or foreign country)	MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	U.S.A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH	TALBOT Md.
10. CITY OR TOWN OF DEATH	EASTON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	307 S. WASHINGTON ST	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	RETIRED	12b. KIND OF BUSINESS OR INDUSTRY	HOUSEKEEPER
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE	MD	13b. COUNTY	TALBOT	13c. CITY OR TOWN	EASTON	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER	307 S. WASHINGTON
14. FATHER'S NAME First	Middle	Last	WM GREENWOOD	15. MOTHER'S MAIDEN NAME First	Middle	Last	MARGARET MADDOX	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No, or Unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO	217-30-8[illegible]	17. INFORMANT	JAMES C. DAVIS	Address	EASTON MD	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks
DUE TO, OR AS A CONSEQUENCE OF (b) A. S. H. D. — 4 YRS.
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4123

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from May 19, 1969 to June 17, 1969, that (I) (we) last saw the deceased alive on May 19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE [signature] DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED 6/17/69

22d. PHYSICIAN'S NAME (Type) S. KRECH, JR. — 22e. ADDRESS EASTON, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-19-69	23c. NAME OF CEMETERY OR CREMATORY SPRING HILL	23d. LOCATION (City or Town) EASTON	(County) TALBOT	(State) MD
24. FUNERAL DIRECTOR [signature]	ADDRESS Easton Md	25a. REC'D BY REGISTRAR DATE JUN 19 1969	25b. REGISTRAR'S SIGNATURE [signature] Clerk of Orphans Court		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08981

CERTIFICATE OF DEATH

08973

1. DECEASED NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Lula	Rebecca	Dill	6- 9- 69	10:50 a.m.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
female	white	11-28-89	79 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Dorchester Co. Md.	U.S.A.	WIDOWED [X]	Talbot Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Easton	House In The Pines	retired Milliner	Own business

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Caroline	Federalsburg	YES [X] NO [ ]	Reliance Avenue

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Dicen		Bradley	Rebecca		Cannon

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		Unknown	Mrs. Louise W. Lomeaker	Newport News, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

174X

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 12-16, 1968, to 6-9, 1969, that (I) ~~(we)~~ last saw the deceased alive on 6-4 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS [X]	MED. DIRECTOR [ ]	STAFF PHYS [ ]	22c. DATE SIGNED
[signature]					6-9-69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	June 11, 1969	Hill Crest	Federalsburg, Caroline, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. J. Frampton & Son	Federalsburg, Md.	JUN 13 1969	J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15-74
45M - 6-69

1/64

08982

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08974

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1. DECEASED-NAME (Type or print)	First: MARY	Middle: HARRISON	Last: DONALDSON	2a. DATE OF DEATH Month: 6	Day: 29	Year: 69	2b. HOUR: 8 A M
3. SEX: FEMALE	4. RACE: White	5. DATE OF BIRTH: MARCH 1, 1893	6. AGE (In years last birthday): 76 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): PENNSYLVANIA	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md				
10. CITY OR TOWN OF DEATH: EASTON	11. NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital give ~~street address~~): "Bloomfield"	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): wife	12b. KIND OF BUSINESS OR INDUSTRY: Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: Talbot	13c. CITY OR TOWN: Easton	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. ~~STREET AND NUMBER~~: "Bloomfield"			
14. FATHER'S NAME First: Archibald	Middle: Cunningham	Last: HARRISON	15. MOTHER'S MAIDEN NAME First: ANNA	Middle: —	Last: WARFIELD		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 216-46-1540	17. INFORMANT: Son. Thomas Donaldson JR.	Address: 8023 Rider Ave. Baltimore, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WH CH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACC DENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF N JRY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D No. / City or Town / County / State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from _____, 19 26, to 29 June 19 69, that (I) (~~we~~) last saw the deceased alive on 29 June 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Stephen P. Carney	ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐	6-30-69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Stephen P. CARNEY	Easton, Maryland

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Cremation	July 1, 1969	Cedar Hill Crematory	Washington D.C.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
James H. Barton Jr.	Barton Bros, Centreville, Md.	JUL 2 1969	

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08983 08975

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: EMMA Middle: MAY Last: DORAN
2a. DATE OF DEATH Month: 6 Day: 20 Year: 69
2b. HOUR: 6p M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: JAN. 1, 1891
6. AGE (In years last birthday): 78 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): MD
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: TALBOT Md.
10. CITY OR TOWN OF DEATH: EASTON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MEMORIAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: MD
13b. COUNTY: CAROLINE
13c. CITY OR TOWN: DENTON
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER:
14. FATHER'S NAME First: FRANK Middle: Last: WOOTERS
15. MOTHER'S MAIDEN NAME First: CATHERINE Middle: Last: WELLS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Unknown: NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO:
17. INFORMANT Address: Mrs. WALTER DOWNES, DENTON MD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular fibrillation
DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD & Digitalis Toxicity
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
I 24
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Congestive Heart Failure

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 6-17, 1969, to 6-20, 1969, that (I) (we) last saw the deceased alive on 6-20 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: Dorsett D Smith DEGREE: ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED:
22d. PHYSICIAN'S NAME (Type): Dorsett D. Smith, M.D.
22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 24, 1969
23c. NAME OF CEMETERY OR CREMATORY: DENTON
23d. LOCATION (City or Town) (County) (State): DENTON CAR MD.
24. FUNERAL DIRECTOR: Charles V. Moore ADDRESS: Denton, Md.
25a. REC'D BY REGISTRAR DATE: JUN 27 1969
25b. REGISTRAR'S SIGNATURE: W. Chandler Judge

VR A15 45M

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 14
45M 7/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08984 08976

1 DECEASED-NAME (Type or print) First: HARVEY Middle: ELBERT Last: GANNON		2a. DATE OF DEATH Month: June Day: 30 Year: 1969	2b. HOUR 1 P.M.
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: February 2, 1907	6 AGE (In years last birthday): 62 YRS. IF UNDER YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Talbot County Md
10. CITY OR TOWN OF DEATH: Newcomb	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ----	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Carpenter	12b KIND OF BUSINESS OR INDUSTRY: Housing
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Talbot	13c CITY OR TOWN: Newcomb	3d INSIDE CITY LIMITS? YES [X] NO [ ] 13e. STREET AND NUMBER: ----
14 FATHER'S NAME First Middle Last: Elbert Gannon		15 MOTHER'S MAIDEN NAME First Middle Last: Sue Spence	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): ----	16b. SOCIAL SECURITY NO: 220-28-0054	17 INFORMANT Address: Mrs. Marie B. Gannon, Newcomb, Maryland	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: INSTANT

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease — 4 YRS

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 3/13, 19 56, to 6/30, 19 69, that (I) (we) last saw the deceased alive on 6/30, 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Shepard Krech	DEGREE: ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS [ ]	22c. DATE SIGNED: 7/1/69	
22d PHYSICIAN'S NAME (Type): SHEPARD KRECH, M. D.	22e ADDRESS: Easton, Maryland		

23a BURIAL, CREMATION REMOVAL (Specify): Burial	23b DATE: July 2, 1969	23c NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery	23d LOCATION (City or Town): Easton, Maryland	(County) (State)
24. FUNERAL DIRECTOR: Harrison E. Leonard, St. Michaels, Md.	ADDRESS	25a REC'D BY REGISTRAR DATE: JUL 3 1969	25b REGISTRAR'S SIGNATURE: Gilmore G. Jones	

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08985

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08977

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print) First / Middle / Last	Lyda A. Gannon	2a. DATE OF DEATH Month / Day / Year	June 30 69	2b HOUR	8 PM
3 SEX	Female	4. RACE	White	5. DATE OF BIRTH	8/25/1893
6 AGE (In years last birthday)	75 YRS	IF UNDER 1 YEAR MONTHS / DAYS		IF UNDER 24 HRS HOURS / MIN	
7a BIRTHPLACE (State or foreign country)	Md.	7b CITIZEN OF WHAT COUNTRY?	USA	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH Talbot Md
10 CITY OR TOWN OF DEATH	Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	28 S. Washington Street	12a USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired)	Clerk Stationery Store
12b KIND OF BUSINESS OR INDUSTRY					
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	Md.	13b COUNTY	Talbot	13c CITY OR TOWN	Easton
13d INSIDE CITY LIMITS?	YES ☒ NO ☐	13e STREET AND NUMBER	28 S. Washington St.		
14. FATHER'S NAME First / Middle / Last	Rufus McNeal	15. MOTHER'S MAIDEN NAME First / Middle / Last	Annie E. McCracklen		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no	16b SOCIAL SECURITY NO	218-16-5367	17 INFORMANT Address	C. Robert Rowens, Easton, Md.

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Cardiac arrhythmia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate

4123

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease with congestive failure — 3/66

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from February 7, 1965, to June, 1969, that (I) (~~we~~) last saw the deceased alive on 2nd June 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (~~did~~ not) view the body after death.

22b. SIGNATURE	Stephen P. Carney	DEGREE	ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED	7-1-69
22d. PHYSICIAN'S NAME (Type)	Stephen P. Carney, M.D.	22e ADDRESS	P.O. Box 929, Easton, Md. 21601		

23a BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b DATE	7/2/1969	23c. NAME OF CEMETERY OR CREMATORY	Landing Neck
23d LOCATION (City or Town) (County) (State)	Easton, Md.				
24. FUNERAL DIRECTOR	MAURICE E. NEWNAM & SON, Easton, Md.	ADDRESS		25a. REC'D BY REGISTRAR DATE	JUL 2 1969
25b. REGISTRAR'S SIGNATURE					

VR A15 (4) 45M - 1 69

1

08986

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08978

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. The remaining carbon papers, Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First: Estties	Middle: R.	Last: Haddaway	2a. DATE OF DEATH Month: 6 Day: 6 Year: 69
2b HOUR: 6:29 PM			
3 SEX: FEMALE	4 RACE: WHITE	5 DATE OF BIRTH: JULY 22 1884	6 AGE (In years last birthday): 84 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN		
7a BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH Talbot Md
10 CITY OR TOWN OF DEATH: Easton	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a USUAL OCCUPATION (Kind of work done during most of working life. Even if retired): HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY: XX
13a. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) STATE: MD.	13b COUNTY: C. A. GRASONVILLE	13c CITY OR TOWN	13d INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: XX			
14 FATHER'S NAME First: SAMUEL	Middle	Last: PENTZ	15 MOTHER'S MAIDEN NAME First: AMANDA Middle:	Last: RIGGENS
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFORMANT: DOROTHY PORTER	Address: GRASONVILLE MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Congestive generalized atherosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
DUE TO, OR AS A CONSEQUENCE OF (b)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Collapsed vertebra 2 wks

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a **I certify** that (I) (this hospital) attended the deceased from July, 1966, to 6-5, 1969, that (I) (we) last saw the deceased alive on 6-5 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) ~~(did)~~ (did not) view the body after death.

22b SIGNATURE: Stephen P. Carney	DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 6-6-69	
22d. PHYSICIAN'S NAME (Type): Stephen P. Carney M.D.	22e ADDRESS: Easton, Maryland 21601 6/6/69		
23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b DATE: JUNE 8	23c NAME OF CEMETERY OR CREMATORY: STEVENSVILLE	23d LOCATION (City or Town), (County), (State): STEVENSVILLE MD.
24 FUNERAL DIRECTOR: Haines Funeral Home	ADDRESS: Church Hill, Md.	25a REC'D BY REGISTRAR DATE: JUN 10 1969	25b REGISTRAR'S SIGNATURE: Eleanor Judge

VR A15 (24) 45M - 1-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08987

CERTIFICATE OF DEATH

08979

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
SARAH	H.	HARDCASTLE	June 1, 1969	5:47 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Female	White	February 9, 1884	85 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Maryland	USA	NEVER MARRIED [X]	Talbot County Md

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
St. Michaels	Rio Vista Nursing Home	Unemployed	---

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Talbot	St. Michaels	YES [X] NO [ ]	Chestnut St.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Richard	L.	Hardcastle	Henrietta		Nicols

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	----		Lockwood Hardcastle	Bozman, Maryland

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cardiac failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 mos.
4124 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS CONSEQUENCE OF (b) atherosclerotic cardiovasd.
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) severe kyphosis, osteoporosis - generalized

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 1952, 19---, to 6-1, 1969, that (I) (~~we~~) last saw the deceased alive on 6-1, 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
[signature]	MD	[X]	[ ]	[ ]	6-3-69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
GUY M. REESER, JR., M. D.	St. Michaels, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	June 3, 1969	Spring Hill Cemetery	Easton, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Harrison E. Leonard, St. Michaels, Md	JUN 4 1969	[signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 4 30M REV.

4124

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08988 — 08980

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 4/68
45M - 11-69

1. DECEASED NAME (Type or print) First: Mary Middle: Magdeline Last: Hollis	2a. DATE OF DEATH Month: June Day: 20 Year: 1969	2b. HOUR: 1:35 P.M.	
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: June 25, 1903	6. AGE (In years last birthday): 65 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Talbot Md
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Laborer	12b. KIND OF BUSINESS OR INDUSTRY: Home
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Talbot	13c. CITY OR TOWN: St Michaels	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 123 Freemont Street
14. FATHER'S NAME First: William Middle: Last: Harris	15. MOTHER'S MAIDEN NAME First: Mary Middle: Last: Griffin		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 216-18-8958	17. INFORMANT: Catherine Downes Address: St. Micheals, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Chronic active hepatitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 months

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Systemic lupus erythematosis — 5 months

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Alcoholism

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 5-21-, 1969, to 6-20, 1969, that (I) (we) last saw the deceased alive on 6-19 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we) (did)~~ (did not) view the body after death.

22b. SIGNATURE: Stephen P Carney — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED: 6-21-69
22d. PHYSICIAN'S NAME (Type): Stephen P. Carney, M. D.	22e. ADDRESS: Easton, Maryland 21601	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 24 '69	23c. NAME OF CEMETERY OR CREMATORY: Newtown Cemetery	23d. LOCATION (City or Town) (County) (State): Newtown talbot Maryland	
24. FUNERAL DIRECTOR: J.B. Dashiell	ADDRESS: 426 Dover St Easton Md	25a. RECD BY REGISTRAR DATE: JUN 25 1969	25b. REGISTRAR'S SIGNATURE: [illegible]	

1

08989

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08981

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print) First: Hughlett	Middle: Woodrow	Last: Harrison, Sr.	2a. DATE OF DEATH Month: June	Day: 27	Year: 1969	2b. HOUR: 2 PM
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 2/21/1913	6. AGE (In years last birthday): 56 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Talbot	Md
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b. COUNTY: Talbot	13c. CITY OR TOWN: RFD	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER	
14. FATHER'S NAME First / Middle / Last: Douglas Harrison		15. MOTHER'S MAIDEN NAME First / Middle / Last: Leona Burrows			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-12-6110	17. INFORMANT: Mrs. Miriam K. Harrison	Address: RFD Box 98 Cordova,		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Carcinoma of the lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 months
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Retinoblastoma

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from Nov, 1968, to 27 June, 1969, that (I) (~~we~~) last saw the deceased alive on 26 June 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Stephen P. Carney DEGREE	ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]	22c. DATE SIGNED: 6-27-69	
22d. PHYSICIAN'S NAME (Type): Stephen P. Carney, M.D.	22e. ADDRESS: Easton, Maryland 21601		

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 6/30/69	23c. NAME OF CEMETERY OR CREMATORY: Spring Hill	23d. LOCATION (City or Town) (County) (State): Easton, Talbot, Md.	
24. FUNERAL DIRECTOR: Jay D. Hewett	ADDRESS: Easton, Md.	25a. RECD BY REGISTRAR DATE: JUN 30 1969	25b. REGISTRAR'S SIGNATURE	

VR A15 14 45M 7/69

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

08990 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08982

1. DECEASED-NAME (Type or Print)	First: ERNEST	Middle: F.	Last: HUFFER	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐	Month: 6	Day: 1	Year: 1969	2b. HOUR: 5:35 PM
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: JUNE 17, 1899	6. AGE (In years if under 1 day): 69 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month / Day / Year 19	2d. HOUR: M
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: TALBOT Md.				
10. CITY OR TOWN OF DEATH: EASTON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MEMORIAL HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): RETIRED CARETAKER	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: DEL	13b. COUNTY: NEW CASTLE	13c. CITY OR TOWN: TOWNSEND	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: RURAL			
14. FATHER'S NAME First / Middle / Last: CLARENCE F. HUFFER	15. MOTHER'S MAIDEN NAME First / Middle / Last: ALICE VIRGINIA KELLFAVER						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-30-8451	17. INFORMANT ADDRESS: MRS. VIOLET HUFFER - TOWNSEND, DEL.					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): CORONARY OCCLUSION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF

(b): ASCHD

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4167

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Louis S. Welty M.D.

EXAMINER'S NAME (Type): Louis S. Welty

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
acting DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county):

22b. DATE SIGNED: 6-1-69

23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	6/4/69	KENNEDYVILLE CEM	KENNEDYVILLE MD.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
E. Lester Daniels	Middletown, Del.	JUN 4 1969	Charles Judge

VR A15ME (5) 10M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08991

CERTIFICATE OF DEATH

08983

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1744

1. DECEASED-NAME (Type or print): First Ethel; Middle Tilghman; Last Ireland.

2a. DATE OF DEATH: Month June; Day 2; Year 1969

2b. HOUR: 7:05 PM

3. SEX: female

4. RACE: white

5. DATE OF BIRTH: 12-31-10

6. AGE (In years last birthday): 58 YRS

IF UNDER 1 YEAR: MONTHS; DAYS

IF UNDER 24 HRS: HOURS; MIN

7a. BIRTHPLACE (State or foreign country): VA

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Talbot Md

10. CITY OR TOWN OF DEATH: Easton

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial Hosp.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWORK

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MD

13b. COUNTY: TALBOT

13c. CITY OR TOWN: EASTON

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: GLEBE ROAD

14. FATHER'S NAME: First JAMES; Middle F.; Last TILGHMAN

15. MOTHER'S MAIDEN NAME: First CORA; Middle JONES.

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 218-24-4532

17. INFORMANT: SAMUEL J. IRELAND, SR, EASTON, MD (Address)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Hypostatic pneumonia

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b): Carcinoma of breast with mets

DUE TO, OR AS A CONSEQUENCE OF (c): Spread metastasis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION: 10/30/68

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca of breast right

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M; Month; Day; Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 10/30, 19 68, to 6/2, 19 69, that (I) (~~we~~) last saw the deceased alive on 6/2 1969, and that to (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did not) view the body after death.

22b. SIGNATURE: J.T.B. Ambler DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]

22c. DATE SIGNED: 6/4/69

22d. PHYSICIAN'S NAME (Type): J.T.B. AMBLER M.D.

22e. ADDRESS: EASTON, MARYLAND 21601 6/4/69

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 6/5/1969

23c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW

23d. LOCATION (City or Town) (County) (State): CORDOVA MD

24. FUNERAL DIRECTOR: Maurice E. Newnam Son

ADDRESS: Easton, Md.

25a. REC'D BY REGISTRAR: JUN 6 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR ATS 45M

1

08992

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08984

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1579

1. DECEASED-NAME (Type or print) First / Middle / Last: Esther Frances Jones				2a. DATE OF DEATH: Month 6 Day 5 Year 1969	2b. HOUR: M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 9/1/1902	6. AGE (In years last birthday): 66 YRS.	UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Talbot		Md.
10. CITY OR TOWN OF DEATH: Neavitt	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Nursing	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) STATE: Md.	13b. COUNTY: Talbot	13c. CITY OR TOWN: Neavitt	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER	
14. FATHER'S NAME First / Middle / Last: Gardiner Godway		15. MOTHER'S MAIDEN NAME First / Middle / Last: Mary Ann Morrison			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 214-32-6375	17. INFORMANT Address: Thomas G. Jones, Neavitt, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pneumonia & Pyuria — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO, OR AS A CONSEQUENCE OF (b): Chronic Cellulitis Pancreatitis HTN.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a):

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from ____, 1958, to 5 June, 1969, that (I) (~~we~~) last saw the deceased alive on 5 June 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: R. Shane Waddy M.D. DEGREE — ATTENDING PHYS. [ ] MED DIRECTOR [ ] STAFF PHYS. [ ] — 22c. DATE SIGNED: 6-8-69

22d. PHYSICIAN'S NAME (Type) — 22e. ADDRESS

23a. BURIAL CREMATION REMOVAL	23b. DATE: 6/9/1969	23c. NAME OF CEMETERY OR CREMATORY: Neavitt	23d. LOCATION (City or Town): Neavitt, Md.	(County) (State)
24. FUNERAL DIRECTOR: MAURICE E. NEWNAM & SON, Easton, Md.	ADDRESS	25a. REC'D BY REGISTRAR: JUN 10 1969	25b. REGISTRAR'S SIGNATURE: Thomas Judge	

VR A1
45M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08993 08985

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: HARRY Middle:	Last: Kinnamon	2a. DATE OF DEATH Month: 6 Day: 25th Year: 69	2b. HOUR: 2:30 PM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Dec. 22, 1895	6. AGE (In years last birthday): 73 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired Store Clerk	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Caroline	13c. CITY OR TOWN: Greensboro	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: None
14. FATHER'S NAME First Middle Last: Charles W. Kinnamon	15. MOTHER'S MAIDEN NAME First Middle Last: Anna Dill		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 217-07-9046	17. INFORMANT Address: Mildred Kinnamon Greensboro, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a): Cardiac Arrest — 4 min

DUE TO, OR AS A CONSEQUENCE OF (b): A Scud — 75 yrs

DUE TO, OR AS A CONSEQUENCE OF (c): L.L. Pneumonia — 2 days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Congestive H.T. Failure

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 6/25, 69, to 6/25, 19 69, that (I) (we) last saw the deceased alive on 6/25/69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Dorsett D. Smith	DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]	22c. DATE SIGNED: 6/28/69	
22d. PHYSICIAN'S NAME (Type): Dorsett D. Smith M.D.	22e. ADDRESS: aston, Maryland 21601		

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 6-30-69	23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill	23d. LOCATION (City or Town): Washington, D.C.	(County) (State)
24. FUNERAL DIRECTOR: J.E. Boulais	ADDRESS: Greensboro, Md.	25a. RECD BY REGISTRAR DATE: JUL 1 1969	25b. REGISTRAR'S SIGNATURE: Thomas Judge	

VR A15 (4) 45M - 1/69

Items 18&22a Film 415 8-1-69

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08994

08986

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or Print) First: FRANK	Middle: BAKER	Last: LEWIS	2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☒ Month: 6	Day: 16	Year: 1969	2b. HOUR — M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: May 16, 1928	6. AGE (In years last birthday): 41 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month / Day / Year 19	2d. HOUR M
7a. BIRTHPLACE (State or foreign country): New Jersey	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Talbot County Md				
10. CITY OR TOWN OF DEATH: Bozman	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ----	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Woodcarver	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Talbot	13c. CITY OR TOWN: Bozman	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER			
14. FATHER'S NAME First: George	Middle: Fenn	Last: Lewis	15. MOTHER'S MAIDEN NAME First: Eva	Middle: Baker	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 136-22-2370	17. INFORMANT: Mrs. Ethel M. Lewis	ADDRESS: Bozman, Maryland			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Alcohol-Barbiturate synergism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Louis S. Welty M.D. acty

EXAMINER'S NAME (Type): LOUIS S. WELTY, M. D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county):

22b. DATE SIGNED: 6-17-69

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: June 18, 1969	23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery	23d. LOCATION (City or Town) (County) (State): Washington, D. C.	
24. FUNERAL DIRECTOR: Harrison E. Linard	ADDRESS: St. Michaels, Md.	25a. RECD BY REGISTRAR DATE: JUN 17 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge	

VR A15ME (6) 10M - 1/69

Item 19 Film 414 7-9-69am

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08995 — 08987

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b HOUR	
Ralph	Vincent	Muldoon	6-26-69	1 P.M.	
3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS, DAYS	IF UNDER 24 HRS.: HOURS, MIN
Male	White	September 16, 1885	83 YRS		
7a BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH		
New Jersey	U.S.A.		TALBOT		Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY		
EASTON	Memorial Hospital	Retired Doctor of Pharmacy			
13a USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) STATE	13b COUNTY	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	
Maryland	Queen Annes	Chester	YES ☐ NO ☒	Harbor View	
14 FATHER'S NAME First Middle Last		15 MOTHER'S MAIDEN NAME First Middle Last			
James Vincent Muldoon		Martha J. Piersall Croxson			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No, or Unknown)	(If yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFORMANT Address		
No		135-09-5099	Daughter Mrs. F. William Tillinghast, Queenstown, Md.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a) (b), and (c))

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Post operative pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO, OR AS A CONSEQUENCE OF (b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. — DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Acute cholecystitis, carcinoma of the right colon

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
6-18-69	Cholecystitis, Adenocarcinoma of right colon	YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from April, 1969, to 26 June, 1969, that (I) (~~we~~) last saw the deceased alive on 6-25-1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death

22b SIGNATURE	DEGREE	ATTENDING PHYS ☒	MED DIRECTOR ☐	STAFF PHYS ☐	22c DATE SIGNED
Stephen P. Carney					6-26-69

22d PHYSICIAN'S NAME (Type)	22e ADDRESS
Stephen P. Carney, M. D.	Easton, Maryland 21601

23a BURIAL, ~~CREMATION~~ REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
BURIAL	JUNE 28, 1969	Maplewood Cemetery	Freehold Monmouth Co. N.J.

24 FUNERAL DIRECTOR	ADDRESS	25a FILED BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
~~Barton Bros~~ James H. Barton Jr.	Centreville Maryland	JUL 1 1969	

VR A15 (4)
45M - 1/69

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08996

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08988

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M 1/69

1. DECEASED NAME (Type or print) First: A.	Middle: E	Last: McCoy Newman Jr.	2a. DATE OF DEATH Month: 6	Day: 28	Year: 1969	2b HOUR: 10 AM
3 SEX: MALE	4 RACE: WHITE	5 DATE OF BIRTH: 8/15/1903	6 AGE (In years last birthday): 65 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	
7a BIRTHPLACE (State or foreign country): MD	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md			
10. CITY OR TOWN OF DEATH: Easton	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MD	13b COUNTY: TALBOT	13c CITY OR TOWN: St. MICHAELS	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e STREET AND NUMBER		
14 FATHER'S NAME First Middle Last: WALTER T. NEWMAN	15 MOTHER'S MAIDEN NAME First Middle Last: ANNIE C. NIBLETT					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No or Unknown: No	(If yes give war or dates of service)	16b SOCIAL SECURITY NO.: 220-16-9898	17 INFORMANT: MRS. L. McCoy NEWMAN	Address: St. MICHAELS, MD		

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): cardiac failure — APPROX MATE INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO, OR AS A CONSEQUENCE OF (b): coronal occlusion

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c): COPE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 1953, 19___, to 6-28, 1969, that (I) (~~we~~) last saw the deceased alive on 6-28 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b SIGNATURE: Mary M Green	MD DEGREE	ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c DATE SIGNED: 6-30-69	
22d. PHYSICIAN'S NAME (Type): Mary M Green Jr	22e ADDRESS: St Michael's md			
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b DATE: 7/1/1969	23c. NAME OF CEMETERY OR CREMATORY: SPRING HILL	23d. LOCATION (City or Town): EASTON,	(County) MD (State)
24. FUNERAL DIRECTOR: Maurice E. Newman & Son	ADDRESS: Easton	25a RECD BY REGISTRAR: JUL 2 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08997

CERTIFICATE OF DEATH

08989

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First: Genevieve Middle: Amelia Last: O'Brian
2a. DATE OF DEATH: Month: June Day: 30 Year: 1969
2b. HOUR: 6:05 P.M.
3. SEX: F
4. RACE: W
5. DATE OF BIRTH: 1-5-1886
6. AGE (In years last birthday): 83 YRS.
If UNDER 1 YEAR: MONTHS / DAYS
If UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): DELAWARE
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Easton
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): MANAGER
12b. KIND OF BUSINESS OR INDUSTRY: HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: TALBOT
13c. CITY OR TOWN: EASTON
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 604 WAYSIDE AVE
14. FATHER'S NAME First: WILLIAM Middle: Last: MURPHY
15. MOTHER'S MAIDEN NAME First: SARAH Middle: CANE Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 214-32-7405
17. INFORMANT: MISS GENEVIEVE FORRIAN Address: EASTON MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMA OF THE RECTUM — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 YRS
DUE TO, OR AS A CONSEQUENCE OF (b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Harry W. Walsh, M.D. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): Harry W. Walsh, M.D.
22e. ADDRESS: Easton, Md. 21601

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 6-2-69
23c. NAME OF CEMETERY OR CREMATORY: ODD FELLOWS
23d. LOCATION (City or Town) (County) (State): MILFORD DEL
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: Easton Md
25a. RECD BY REGISTRAR DATE: JUL 7 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (4) 45M 1/69

Item 2a Film 7 11
7/3/69 11

0899S

08990

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ____. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 DECEASED NAME (Type or Print) First: Jerome	Middle: Henry	Last: Plugge	2a DATE KNOWN OF DEATH ESTIMATED ☐ Month June Day 25 Year 1969		2b HOUR M
3 SEX: Male	4. RACE: White	5. DATE OF BIRTH: 5/7/98	6 AGE (In years last birthday) 71 YRS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN	2c DATE PRONOUNCED DEAD Month 6 Day 25 Year 1969	2d HOUR 5 M
7a BIRTHPLACE (State or foreign country): NEB	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Talbot Md.			
10. CITY OR TOWN OF DEATH: Easton	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Store Keeper	12b KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MD	13b COUNTY: Talbot	13c. CITY OR TOWN: Cordova	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER		
14 FATHER'S NAME First Middle Last: Henry R. Plugge		15 MOTHER'S MAIDEN NAME First Middle Last: Rosalena M. Hunteman				
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 220-32-1226	17 INFORMANT ADDRESS: Mrs. Jerome H. Plugge, Cordova, Md				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Respiratory Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 HR
492 X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF (b) FAR Adv. CHR. OBSTR. PULM. EMPHYSEMA — YRS.
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Contusion Left Lung & Pneumothorax Right

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
		YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Signature — M.D.
EXAMINER'S NAME (Type): S. KRECH, JR.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)

22b DATE SIGNED: 6/25/69

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
BURIAL	6/28/1969	WOODLAWN MEMORIAL PARK	EASTON, MD

24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
MAURICE E. NEWNAM & SON, EASTON, MD	JUN 30 1969	Actuarial Judge

VR A15ME (5) 10M REV 1/68

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

08999 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08991

1 DECEASED-NAME (Type or Print) First	Middle	Last	2a DATE KNOWN OF DEATH / ESTIMATED	Month	Day	Year	2b HOUR
JOHN	WAITE	PRITCHETT	XX /	6	18	69	3:20 PM

3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN.	2c DATE PRONOUNCED DEAD: Month	Day	Year	2d HOUR
male	white	July 2, 1895	73 YRS.					June	18	19 69	M

7a BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED / NEVER MARRIED / W DOWED / DIVORCED	9 COUNTY OF DEATH
Virginia	USA	MARRIED ☒ NEVER MARRIED ☐ W DOWED ☐ DIVORCED ☐	TALBOT Md

10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a USUAL OCCUPATION (Kind of work done dur ng most of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
Easton	Memorial Hospital	Retired Washington, D.C. Police Officer	

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Worchester	Burlock	YES ☐ NO ☒	R.F.D. (Beulah)

14 FATHER'S NAME First Middle Last	15 MOTHER'S MAIDEN NAME First Middle Last
Malcolm Pritchett	Unknown

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16b SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes	WW I	None	John W. Pritchett, Jr.,	Burtonsville, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) CORONARY OCCLUSION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

Chronic bronchitis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Louis S. Welty M.D acting

EXAMINER'S NAME (Type) Louis S. Welty

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 6-18-69

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	June 20, 1969	Junior Order Cemetery	Preston	Caroline	Md.

24 FUNERAL DIRECTOR	ADDRESS	25a RECD BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
J.J. Frampton & Son,	Federalsburg, Maryland	JUN 25 1969	Beverly Judge

VR A15ME (D)
10M REV 1/68

1

09000

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08992

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First: George	Middle: E	Last: Rowland	2a. DATE OF DEATH: Month 6 Day 1 Year 69
2b. HOUR: 7:55 A M			
3. SEX: Male	4. RACE: Cau.	5. DATE OF BIRTH: 7-24-1892	6. AGE (In years last birthday): 76 YRS
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Brooklyn N.Y.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Ret. admirst Ret.	12b. KIND OF BUSINESS OR INDUSTRY: Black & Decke
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md	13b. COUNTY: Talbot	13c. CITY OR TOWN: Easton, Md.	13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: Easton, d			
14. FATHER'S NAME First: Isaac E.	Middle	Last: Rowland	15. MOTHER'S MAIDEN NAME First: Anna	Middle: Louise	Last: Campman
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No, or unknown): Yes (If yes give war or dates of service): W.W.I	16b. SOCIAL SECURITY NO.: 212-03-5372	17. INFORMANT Address: Mrs Grace R. Homberg 1504 Chapel Hill Drive 21237	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Acute left ventricular failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF (b): Coronary atherosclerotic heart disease (?)
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 41a

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 30 May, 1969, to 1 June, 1969, that (I) (~~we~~) last saw the deceased alive on 31 May 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Thurston Harrison M.D. DEGREE — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐ — 22c. DATE SIGNED: 1 June 69

22d. PHYSICIAN'S NAME (Type): THURSTON HARRISON — 22e. ADDRESS: EASTON MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-4-1969	23c. NAME OF CEMETERY OR CREMATORY: Moreland Park	23d. LOCATION (City or Town): Baltimore,	(County) (State): Md.

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home J. King — 25a. REC'D BY REGISTRAR DATE: JUN 6 1969 — 25b. REGISTRAR'S SIGNATURE: M Chandler Judge

VR A15 (4) 45M 1-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09001

CERTIFICATE OF DEATH

08993

1. DECEASED-NAME (Type or print) First: Howard Middle: William Last: Short
2a. DATE OF DEATH Month: 6 Day: 29 Year: 69
2b. HOUR: M
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 5/7/1886
6. AGE (In years last birthday): 83 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Trappe
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.
13b. COUNTY: Talbot
13c. CITY OR TOWN: Trappe
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER
14. FATHER'S NAME First: Samuel Middle: Last: Short
15. MOTHER'S MAIDEN NAME First: Bessie Middle: Moore Last: Short
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: Miss Pauline Short Address: Trappe Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — APPROX. INTERVAL BETWEEN ONSET AND DEATH: INSTANT
DUE TO, OR AS A CONSEQUENCE OF (b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospitol) attended the deceased from 11/15, 1968, to 6/29, 1969, that (I) (we) last saw the deceased alive on 6/15, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W. E. Gunby M.D. DEGREE — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 1 JULY 69
22d. PHYSICIAN'S NAME (Type): W. E. GUNBY
22e. ADDRESS: CAMBRIDGE MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/1/69
23c. NAME OF CEMETERY OR CREMATORY: East New Market
23d. LOCATION (City or Town) (County) (State): East New Market Dor. Md
24. FUNERAL DIRECTOR: Ruth S. Willoughby ADDRESS: East New Market
25a. REC'D BY REGISTRAR DATE: JUL 7 1969
25b. REGISTRAR'S SIGNATURE: Florence Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

09002

Item8 Film#13 6/19/69 kk

08994

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First MAY Middle ABSON Last STEWART

2a. DATE OF DEATH: Month June Day 14, Year 1969

2b. HOUR: M

3. SEX: female

4. RACE: white

5. DATE OF BIRTH: June 7, 1874

6. AGE (In years last birthday): 95 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS: HOURS MIN

7a. BIRTHPLACE (State or foreign country): Alabama

7b. CITIZEN OF WHAT COUNTRY?: U.S.

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Talbot Md

10. CITY OR TOWN OF DEATH: rural Easton

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): R. D. #1, Box 77

12a. USUAL OCCUPATION (Kind of work done during most of work life, even if retired): housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Talbot

13c. CITY OR TOWN: Easton

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER:

14. FATHER'S NAME First Middle Last: William M. Boswell

15. MOTHER'S MAIDEN NAME First Middle Last: Achsa Scott

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16b. SOCIAL SECURITY NO.: 220-46-3166

17. INFORMANT Address: Mrs. Lyman S. Perry "Cosey Point" Easton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Pneumonia senility — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: many years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 794X

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1950, 19____, to June, 19____, that (I) (we) last saw the deceased alive on June 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Stephen P. Carney for Thurston Harrison, M.D. DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 6-15-69

22d. PHYSICIAN'S NAME (Type): Dr. Stephen P. Carney

22e. ADDRESS: Easton, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 17, 1969

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill

23d. LOCATION (City or Town) (County) (State): Lakeland, Polk, Florida

24. FUNERAL DIRECTOR: Maurice E. Neuman & Son ADDRESS: Easton, Md.

25a. RECD BY REGISTRAR DATE: JUN 17 1969

25b. REGISTRAR'S SIGNATURE: Florence Judge

VR A15 (4) 45M 1/69

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09003

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08995

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED-NAME (Type or print): First: ~~Baby~~ MIA ANGELA; Middle: ~~Girl~~; Last: Swartz

2a DATE OF DEATH: Month 6 Day 5 Year 69

2b HOUR OF DEATH: 12 M

3 SEX: FEMALE

4 RACE: WHITE

5 DATE OF BIRTH: 6/5/1969

6 AGE (In years last birthday): YRS

IF UNDER 1 YEAR: MONTHS; DAYS

IF UNDER 24 HRS.: HOURS 28; M.N

7a BIRTHPLACE (State or foreign country): MD

7b CITIZEN OF WHAT COUNTRY?

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Talbot Md.

10 CITY OR TOWN OF DEATH: Easton

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b COUNTY: Talbot

13c CITY OR TOWN: Easton

13d INSIDE CITY LIMITS? YES ☐ NO ☐

13e STREET AND NUMBER: 508 Pleasant Place

14 FATHER'S NAME First Middle Last: JOHN E. SWARTZ

15 MOTHER'S MAIDEN NAME First Middle Last: JEANNE M. LARRIMORE

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)

16b SOCIAL SECURITY NO.

17 INFORMANT Address: JOHN E. SWARTZ, EASTON, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Immaturity — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC)

21f. LOCATION Street or R.F.D No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 6-4, 1969, to 6-5, 1969, that (I) (we) last saw the deceased alive on 6-5 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Lane Wroth, MD DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 6-6-69

22d PHYSICIAN'S NAME (Type): R. Lane Wroth, M.D.

22e ADDRESS: St. Michaels, Maryland

23a. BURIAL CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 6/9/1969

23c NAME OF CEMETERY OR CREMATORY: SPRING HILL

23d LOCATION (City or Town) (County) (State): EASTON, MD

24 FUNERAL DIRECTOR: Louise E. Newnam + Son Easton Md.

ADDRESS

25a RECD BY REGISTRAR DATE: JUN 10 1969

25b REGISTRAR'S SIGNATURE: Orlando A. Dodge

VR A15(R) 45M 1-69

7774

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09004

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08996

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

4109

1. DECEASED NAME (Type or print) First: Fannie	Middle: Mae	Last: Tatman	2a. DATE OF DEATH: Month 6 Day 10 Year 69 — 2b. HOUR 7:20 PM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: May, 20, 1884	6. AGE (in years last birthday): 85 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Memorial Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housework	12b. KIND OF BUSINESS OR INDUSTRY: Home
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b. COUNTY: Queen Anne's	13c. CITY OR TOWN: Sudlersville	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: ------
14. FATHER'S NAME First: Charles	Middle:	Last: Kimble	15. MOTHER'S MAIDEN NAME First: Martha	Middle:	Last: Pratt.
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-50-9273J1	17. INFORMANT: Miss, Helen M. Tatman,	Address: Sudlersville, Md. 21668		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 da.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Acute Myocardial Infarction — 5 da

DUE TO, OR AS A CONSEQUENCE OF (c): A S H D — 4 yrs.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes Mellitus and Diabetic Acidosis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 6/7, 19 69, to 6/10, 19 69, that (I) (we) last saw the deceased alive on 6/9, 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: S. Krecht Jr	DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 6/10/69	
22d. PHYSICIAN'S NAME (Type): S. KRECHT JR	22e. ADDRESS: EASTON Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June, 13, 1969	23c. NAME OF CEMETERY OR CREMATORY: Church Hill Cemetery.	23d. LOCATION (City or Town): Church Hill,	(County): Q.A.	(State): Md.
24. FUNERAL DIRECTOR: Edward Fellows	ADDRESS: Millington, Md.	25a. RECD BY REGISTRAR DATE: JUN 12 1969	25b. REGISTRAR'S SIGNATURE: H. Charles Gruber		

VR A15 (8)
45M 1-69

T6 09005

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08997

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit; then please remove carbon papers (Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1. DECEASED NAME (Type or print) First: Alice Middle: Jane Last: Taylor	2a. DATE OF DEATH Month: June Day: 18 Year: 1969	2b HOUR: 3:55 A.M.	
3. SEX: FEMALE	4 RACE: WHITE	5. DATE OF BIRTH: 4-8-09	6 AGE (In years last birthday): 60 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a BIRTHPLACE (State or foreign country): N.Y.	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: TALBOT Md.
10. CITY OR TOWN OF DEATH: EASTON	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): HOUSE IN THE PINES	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: Md.	13b COUNTY: Talbot	13c CITY OR TOWN: Easton	13d INSIDE CITY LIMITS? YES [X] NO [ ] 13e STREET AND NUMBER: 514 Trippe Ave.,
14 FATHER'S NAME First Middle Last: Sydney T. Jones	15 MOTHER'S MAIDEN NAME First Middle Last: Gwennola Gwennola Smith		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 216-46-3059	17. INFORMANT: Rt. Rev. George A. Taylor	Address: Easton, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Chronic Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO, OR AS A CONSEQUENCE OF

(b): Rheumatic Heart Disease, Inactive — 4 yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 7/5/68, 19__, to 6/15/69, 19__ that (I) (we) last saw the deceased alive on 6/7/69, 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: S. Krech Jr.	DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]	22c DATE SIGNED: 6/15/69	
22d PHYSICIAN'S NAME (Type): S. KRECH JR.	22e. ADDRESS: EASTON		

23a BURIAL, CREMATION, REMOVAL (Specify) Buried	23b DATE: 6/20/1969	23c NAME OF CEMETERY OR CREMATORY: Old St. Paul's	23d LOCATION (City or Town): Chestertown, Md.	(County) (State)
24 FUNERAL DIRECTOR: Maurice E. Newnam & Son	ADDRESS: Easton, Md.	25a RECD BY REGISTRAR DATE: JUN 19 1969	25b REGISTRAR'S SIGNATURE: [illegible]	

VR A15 (4) 45M - 1/69

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09006

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08998

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: MYRA	Middle: C	Last: TAYLOR	2a. DATE OF DEATH Month: 6	Day: 21	Year: 69	2b. HOUR: 437 P M
3. SEX: Female	4. RACE: WHITE	5. DATE OF BIRTH: August 18, 1908	6. AGE (in years last birthday): 60 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: TALBOT Md.				
10. CITY OR TOWN OF DEATH: EASTON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MEMORIAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Public School Teacher	12b. KIND OF BUSINESS OR INDUSTRY: School				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Caroline	13c. CITY OR TOWN: Preston	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: N. Main Street			
14. FATHER'S NAME First: James	Middle: R.	Last: Christopher	15. MOTHER'S MAIDEN NAME First: Velma	Middle:	Last: Carroll		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): NO	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 426-80-9107	17. INFORMANT: Mrs. Velma C. Christopher	Address: Preston, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 6-17, 19 69, to 6-21, 19 69, that (I) (we) last saw the deceased alive on 6-21 19 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Stephen P Carney	DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 6-23-69	
22d. PHYSICIAN'S NAME (Type): Stephen P. Carney M.D.	22e. ADDRESS: Easton, Maryland 21601		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 25, 1969	23c. NAME OF CEMETERY OR CREMATORY: Junior Order Cemetery	23d. LOCATION (City or Town) (County) (State): Preston, Caroline Md.	
24. FUNERAL DIRECTOR: J.J. Frampton & Son	ADDRESS: Federalsburg, Maryland	25a. RECD BY REGISTRAR DATE: JUN 30 1969	25b. REGISTRAR'S SIGNATURE: Charles Jones	

VR A15-1
45M - 1-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

09007

08999

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the informant, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Joseph	Middle: Winn	Last: Thompson	2a. DATE OF DEATH Month: June	Day: 9	Year: 69	2b HOUR: 1:22 PM
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 1/12/1898	6. AGE (In years last birthday): 71 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a BIRTHPLACE (State or foreign country): MD	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: TALBOT Md		
10 CITY OR TOWN OF DEATH: EASTON	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HORSE BREEDER	12b KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b COUNTY: TALBOT	13c CITY OR TOWN: TRAPPE	13d INSIDE CITY LIMITS? YES ☐ NO ☒	13e STREET AND NUMBER: ROSLYN FARM	
14. FATHER'S NAME First: Gough	Middle: Winn	Last: Thompson	15. MOTHER'S MAIDEN NAME First: Katherine	Middle: W.	Last: Harrison
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes give war or dates of service): WW I	16b SOCIAL SECURITY NO: 216-14-3206	17. INFORMANT: Mrs. Gough W. Thompson	Address: Trappe, Md	

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma of lung — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

DUE TO, OR AS A CONSEQUENCE OF (b):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I **certify** that (I) ~~(this hospital)~~ attended the deceased from Sept, 19 69, to 9 June, 19 69, that (I) ~~(we)~~ last saw the deceased alive on 8 June 1969, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b SIGNATURE: Newton Harrison	M.D. DEGREE	ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐	22c DATE SIGNED: 9 June 69	
22d PHYSICIAN'S NAME (Type): Hurston Harrison M.D.	22e ADDRESS: Dutchman's Lane Easton, Md. 21601			

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b DATE: 6/11/1969	23c NAME OF CEMETERY OR CREMATORY: St. Thomas Church Cemetery	23d LOCATION (City or Town) (County) (State): Garrison, MD	
24 FUNERAL DIRECTOR: Maurice F. Newnam & Son	ADDRESS: Easton, Md	25a RECD BY REGISTRAR DATE: JUN 11 1969	25b REGISTRAR'S SIGNATURE: J. Charles Judge	

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

09008

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09000

1 DECEASED NAME (Type or Print) First: Darlene	Middle:	Last: Williams	2a DATE KNOWN OF DEATH ESTIMATED ☒ Month: 6	Day: 12	Year: 1969	2b HOUR: c8PM			
3 SEX: Female	4 RACE: Negro	5 DATE OF BIRTH: Aug. 5, 1956	6 AGE In years last birthday: 12 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c DATE PRONOUNCED DEAD Month: 6	Day: 12	Year: 196[illegible]	2d HOUR: M
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: US.A.	8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Talbot						Md
10 CITY OR TOWN OF DEATH: Easton	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): Student	12b KIND OF BUSINESS OR INDUSTRY: None						
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Talbot	13c CITY OR TOWN: Easton	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: RFD #3, Glenwood Ave.					
14 FATHER'S NAME First: John	Middle:	Last: Williams	15 MOTHER'S MAIDEN NAME First: Clara	Middle:	Last: Conyer				
16a WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b SOCIAL SECURITY NO: None	17 INFORMANT: Clara Williams	ADDRESS: Easton, Md. RFD #3, Glenwood Ave.					

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Accidental drowning
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7107

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year: HOUR A.M. 6 P.M. 6-12 1969	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1, or Part 2, Item 18.): Drowned in borrow pit
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R F D No: in Easton; City or Town: Talbot; County; State: Md

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Louis Melty
EXAMINER'S NAME (Type): Dr. Louis S. Melty M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒ acting
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 6-14-69

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	6/16/69	Richards Memorial	Easton Talbot Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. S. Shiell Funeral Home Barbara L. Shiell	428 Lover ST. EASTON, MD. 21601	JUN 17 1969	Charles Judy

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09009

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

09001

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First ISAAC Middle Richard Last Wilson
2a. DATE OF DEATH: Month 6 Day 1 Year 69
2b. HOUR: 7:40 AM
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: OCT 15, 1880
6. AGE (n years last birthday): 88 YRS
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min
7a. BIRTHPLACE (State or foreign country): N.J.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: EASTON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): FARM
12b. KIND OF BUSINESS OR INDUSTRY: POULTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: MD
13b. COUNTY: CAROLINE
13c. CITY OR TOWN: DENTON
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER:
14. FATHER'S NAME: First RICHARD Middle THOMAS Last WILSON
15. MOTHER'S MAIDEN NAME: First JENNIE Middle Last CLARKE
16a. WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO:
17. INFORMANT: RICHARD Address: WILSON, DENTON MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): MESENTERIC THROMBOSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124
DUE TO, OR AS A CONSEQUENCE OF (b): C.V. ASHD — >20 YRS
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
LEFT CVA - 2 YRS AGO

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (At home, farm, street, factory, office building etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 5-30, 1969, to 6-1, 1969, that (I) (we) last saw the deceased alive on 5-31 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: 6/2/69
22d. PHYSICIAN'S NAME (Type): J. Knud-Hansen M.D.
22e. ADDRESS: Easton, Maryland 21601 6/2/69

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 4, 1969
23c. NAME OF CEMETERY OR CREMATORY: EDLINGTON
23d. LOCATION (City or Town) (County) (State): CHARLESTOWN CECIL N.J.
24. FUNERAL DIRECTOR: CHARLES V. MOORE ADDRESS: DENTON MD.
25a. REC'D BY REGISTRAR DATE: JUN 4 1969
25b. REGISTRAR'S SIGNATURE: [signature] Deputy Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

09010 09002

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Baby	Middle: Boy	Last: Wright	2a. DATE OF DEATH Month: June Day: 28 Year: 1969
2b. HOUR: 6 PM			
3. SEX: Male	4. RACE: Col.	5. DATE OF BIRTH: June 28, 1969	6. AGE (In years last birthday): — YRS. IF UNDER 1 YEAR: MONTHS — DAYS — IF UNDER 24 HRS.: HOURS 2 MIN —
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): None	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Talbot	13c. CITY OR TOWN: Caroline Greensboro Easton	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: Rt. 2, Box 59
14. FATHER'S NAME First: Raymond	Middle	Last: Burk	15. MOTHER'S MAIDEN NAME First: Sheene	Middle: Wright	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: None	17. INFORMANT: Robert Wright	Address: Greensboro, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Anoxemia
771.9
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): Cord twisted about neck
DUE TO, OR AS A CONSEQUENCE OF (c): Traumatic Anoxemia
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 6/28, 1969, to 6/28, 1969, that (I) (we) last saw the deceased alive on 6/28/69 19—, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: E. D. Hardy M.D.	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 7/2/69	
22d. PHYSICIAN'S NAME (Type): E. D. Hardy M. D.	22e. ADDRESS: Easton, Maryland 21601		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: July 1, 1969	23c. NAME OF CEMETERY OR CREMATORY: Union	23d. LOCATION (City or Town): Goldsboro, Md.	(County) (State)
24. FUNERAL DIRECTOR: John E. Boulden 2nd	ADDRESS: Greensboro	25a. REC'D BY REGISTRAR DATE: JUL 7 1969	25b. REGISTRAR'S SIGNATURE: H. Charles Judge	

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09011

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

09003

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Anna	Middle: Mabel	Last: Zaffere	2a. DATE OF DEATH Month: 6 Day: 19 Year: 69
2b. HOUR: 9 M			
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: October 16, 1894	6. AGE (In years last birthday): 74 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Talbot Md.
10. CITY OR TOWN OF DEATH: Easton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housework	12b. KIND OF BUSINESS OR INDUSTRY: Home
13a. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: Maryland	13b. COUNTY: Caroline	13c. CITY OR TOWN: Federalsburg	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: West Central Avenue			
14. FATHER'S NAME First: Isaac	Middle	Last: Huhn	15. MOTHER'S MAIDEN NAME First: Elizabeth	Middle	Last: White
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: Mrs. John Orban, Federalsburg, Maryland	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): RUPTURED DIVERTICULUM Colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5621
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased olive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J. M. Walsh	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): Harry M. Walsh, M.D.	22e. ADDRESS: Easton, Md. 21601	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 23, 1969	23c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery	23d. LOCATION (City or Town) (County) (State): Federalsburg, Caroline, Md.	
24. FUNERAL DIRECTOR: J.J. Trampton & Son	ADDRESS: Federalsburg Md.	25a. REC'D BY REGISTRAR DATE: JUN 25 1969	25b. REGISTRAR'S SIGNATURE: Wanda Judge	

VR A (5-4) 45M - 1/69